

The County of Los Angeles Department of Mental Health
American Indian/Alaska Native UREP presents:

American Indian/Alaska Native Mental Health Conference 2012

“Weaving Wellness Into Our Spirits”

Tuesday, November 6, 2012

8 am to 5 pm

California Endowment
1000 North Alameda Street
Los Angeles, CA 90012



Free parking available onsite. Limited transportation assistance available.

This conference is a unique opportunity for professional development and to learn about the mental health needs of American Indian/Alaska Natives. CEUs will be offered.

Seating is limited. Registration is on a first-come first-serve basis.
Registration deadline: October 16, 2012

November 6 is Election Day! Please register and vote early!
Need to register to vote? Contact Mark Parra (213) 251-6504

Funded by the Mental Health Services Act



For Conference information, please contact Nina Tayyib at (213) 251-6806
or email AIANMHConference@dmh.lacounty.gov

**American Indian/Alaska Native Mental Health Conference 2012
"Weaving Wellness Into Our Spirits"**



**Tuesday, November 6, 2012
California Endowment, 1000 N. Alameda St, Los Angeles, 90012**



Registration Form

REGISTRATION INFORMATION: *Attendees must be 18 years of age*

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Affiliation: ☐ Community Member ☐ Community Agency ☐ DMH Contract Provider ☐ County Staff

Agency/Organization (if applicable): _____ Work Title (if applicable): _____

CEU Request: *CEUs are presently under review for each workshop/presentation and not finalized.*

License Number: _____

License type: ☐ MD/DO ☐ Phd/PsyD ☐ RN ☐ LCSW ☐ MFT ☐ LPT ☐ CAADAC

SPECIAL ACCOMMODATIONS:

Language Translation/Interpretation Request:

☐ Spanish Interpretation (oral) ☐ Spanish Translation (written) ☐ American Sign Language

Transportation Assistance Request:

Only available for consumers, family members and community members. Capacity is limited.

Location: _____

COUNTY EMPLOYEES: *Only Employees of directly operated and contracted agencies pay a registration fee*

Conference Fee: \$20 Make checks payable to: "County of Los Angeles Department of Mental Health"

Employee Number (County only): _____

Supervisor's Name (County only): _____ Signature: _____

REGISTRATION DEADLINE: October 16, 2012 by 5:00 p.m. A confirmation email will be sent.

Please send registration form via mail, fax, or email as indicated below.

County of Los Angeles Department of Mental Health, Program Support Bureau, QI Division
695 S. Vermont Avenue, 5th Floor, Suite 500, Los Angeles, CA 90005
ATTN: AI/AN UREP Liaison

Fax: (213) 252-8752

AIANMHConference@dmh.lacounty.gov

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